

Patent Attorney's Docket No. <u>032326-183</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pate	ent Application of)					
Bernard (CALVAS et al.	Group Art Unit: 2815				
Applicati	on No.: 10/009,801	Examiner: Sheila A. Clark				
Filed: D	ecember 13, 2001)	Confirmation No.: 1480				
Γ	DEVICE AND METHOD FOR MAKING) DEVICES COMPRISING AT LEAST A) CHIP MOUNTED ON A SUPPORT)	Confirmation No.: 1480 HAR I 2003 HAR I 2003 NSMITTAL LETTER	ズグウィップ			
	AMENDMENT/REPLY TRA	NSMITTAL LETTER S				
		28.				
Assistant Commissioner for Patents Washington, D.C. 20231						
Sir:						
Encl	osed is a reply for the above-identified patent	application.				
[]	[] A Petition for Extension of Time is also enclosed.					
[]	[] A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.					
[]	Also enclosed is/are		<u>.</u> .			
[]	Small entity status is hereby claimed.					
[]] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the .[] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
	[] Applicant(s) previously submitted, requested.	on, for which continued examination is				
[]	Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.					
[X]	No additional claim fee is required.					

[] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims		MINUS =		× \$18.00 (1202) =		
Independent Claims		MINUS =	× \$84.00 (1201) =			
If Amendment adds multiple dependent claims, add \$280.00 (1203)						
Total Amendment Fee						
If small entity status is	claimed, sub	tract 50% of Total A	Amendment F	ee		
TOTAL ADDITIONA	AL FEE DUE	FOR THIS AME	NDMENT			

L]	A claim fee	in the amount of \$	is enclosed.
[]	Charge \$	to Deposit Account N	o. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: March 7, 2003